

2009 MICHIGAN TRAFFIC SAFETY SUMMIT **EXHIBITOR REGISTRATION**

March 2 deadline for exhibitor registration.

Mr./Mrs./Ms./Dr./Rank	First Name	Last Name	Company/Department/Organization		
Street Address/Post Office Box		City	State	Zip Code	
Area Code + Phone Number		Area Code + Fax Number		E-mail address	

Meal Preference: Although exhibits will only be open Wednesday, March 25, you are invited to attend the entire conference which begins Tuesday, March 24 and concludes with lunch on Thursday, March 26. Please check each meal you plan to attend.
☐ Tues. Lunch ☐ Wed. Lunch ☐ Thurs. Lunch ☐ Vegetarian Meals ☐ Gluten-free Meals ☐ Other Special Dietary Needs

This application form, along with a check made payable to the State of Michigan, credit card number, or state agency transaction number, represents a contract.

Exhibitor cost to attend 14th Annual Michigan Traffic Safety Summit:

For-Profit Exhibitor (one registration included)	\$395
Not-For-Profit Exhibitor (one registration included) on or before February 13.....	\$75
Not-For-Profit Exhibitor (one registration included) after February 13.....	\$125
Additional Registrations (per person on or before February 13)	\$75
Additional Registrations (per person after February 13)	\$125
TOTAL	

Additional Participant Information (if more than one individual is attending, please fill out information below)

Mr./Mrs./Ms./Dr./Rank	First Name	Last Name	Company/Department/Organization		
Street Address/Post Office Box		City	State	Zip Code	County
Area Code + Phone Number		Area Code + Fax Number		E-mail address	

Please check each meal you plan to attend (*included in registration fee*):

☐ Tues. Lunch ☐ Wed. Lunch ☐ Thurs. Lunch ☐ Vegetarian Meals ☐ Gluten-free Meals ☐ Other Special Dietary Needs _____

Credit Card Information: ☐ MasterCard ☐ Visa

Card Number	Expiration Date	Cardholder Name		
Cardholder Street Address/Post Office Box		City	State	Zip Code
Area Code + Phone Number		Signature X		

LIABILITY/INSURANCE: Michigan Traffic Safety Summit sponsors assume no responsibility for any loss, injury, damage, or security issues occurring to an exhibitor or to his/her property.

For credit card payments only Fax to: (517) 333-5756

For payment by check Mail to: Michigan State Police, Budget and Financial Services Division, 714 S. Harrison Rd., East Lansing, MI 48823

State agencies **must use** interagency transfers to pay registration fees. Procurement card use is not allowed.

Make transfers to Index 51000, PCA 51400, COBJ 6160 and indicate transaction document number here.

Transaction Document Number

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